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March 9, 2006

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571-273-8300

Group Art Unit: 1645

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Diane Payne on behalf of
Aaron L. Schwartz

Intervet Inc.
Patent Department

302-934-4305

USSN: 10/087,573 Customer No.: 31846

Attorney Reference No.: I-2001.004 US

Please accept the documents which follow in the above-identified application:

Notice of Appeal (2 pages)

Certificate of Facsimile (1 page)



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USSN: 10/087,573
Application of: Schetters, *et al.*
For: Babesia Canis Vaccine
Attorney Docket: 1-2001.004 US

Notice of Appeal (2 pages)
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 10/087,573
Applicant: SCHETTERS, *et al.*
Confirmation No: 3895
Filed: February 28, 2002
Group Art Unit: 1645
Examiner: Baskar, P.
For: Babesia Canis Vaccine
Attorney Docket: I-2001.004 US

March 9, 2006

NOTICE OF APPEAL UNDER 37 C.F.R. § 41.31

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Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the rejection of claims 32 and 64-67 in the Final Office Action dated September 9, 2005.

The Commissioner is hereby authorized to charge the fee of \$500.00 to our Deposit Account No. 02-2334.

Pursuant to 37 C.F.R. §1.17 and 1.136(a), Applicants respectfully petition for the third month extension of time for filing a response or notice of appeal in connection with the present application. Because two months of extension have already been paid as part of Applicants' January 19, 2006 filing, please charge the difference in the fee of \$570 (i.e., \$1020.00 minus \$450.00) to Deposit Account No. 02-2334.

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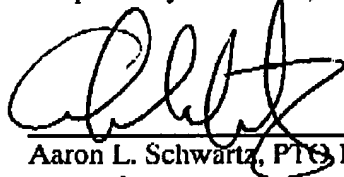
01 FC:1401 500.00 DA
02 FC:1253 570.00 DA

Appl. No. 10/087,573
Notice of Appeal
March 9, 2006

Applicants do not believe that any other fee is due in connection with this filing. If, however, Applicants do owe any such fee(s), the Commissioner is hereby authorized to charge the fee(s) to Deposit Account No. 02-2334. In addition, if there is ever any other fee deficiency or overpayment under 37 C.F.R. §1.16 or 1.17 in connection with this patent application, the Commissioner is hereby authorized to charge such deficiency or overpayment to Deposit Account No. 02-2334.

Applicants submit that this application is in condition for allowance, and request that it be allowed. The Examiner is requested to call the undersigned if any issues arise that can be addressed over the phone to expedite examination of this application.

Respectfully submitted,

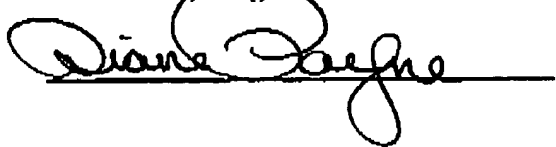


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CERTIFICATE OF FACSIMILE

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